

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 23 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J65397

1. Corporation Name

BERNIE CORPORATION

Principal Place of Business

755 BEACHLAND BLVD  
VERO BEACH FL 32963

Mailing Address

755 BEACHLAND BLVD  
~~444 OCEAN DR #504~~  
VERO BEACH FL 32963

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

42-0843270

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WHITE, W ANDREW	755 BEACHLAND BLVD	VERO BEACH FL 32963
DVPS	BROWN, KEVIN E	755 BEACHLAND BLVD	VERO BEACH FL 32963
DVP	CIRCELLI, LIBBY	6353 PADERBOURNE DR	HUDSON OH 44236

900019325339  
05/19/03--01085--006 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITE, W ANDREW  
755 BEACHLAND BLVD  
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Registered Agent*

REGISTERED AGENT MUST SIGN

Date

5/13/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Signature of Signing Officer or Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/03 (772) 231-2400